

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
124 Halsey Street, 6th Floor, P.O. Box 45007
Newark, New Jersey 07101
(973) 504-6415

Application for Licensure to Practice Marriage and Family Therapy

A nonrefundable application filing fee of \$75, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

1. Name ☐ Mr. _____ (_____)
☐ Mrs. _____
☐ Ms. _____
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

Education

3. *Social Security Number: _____ - _____ - _____

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in a denial of licensure or certification or license or certificate renewal.

*Pursuant to N.J.S.A. 2A:17-56.44e of the New Jersey child support enforcement law, N.J.S.A. 54:50-25 of the New Jersey taxation law and Section 1128 E(b)(2)A of the Social Security Act, the Board or licensing agency to which this form is submitted is required to obtain your Social Security number. If you do not have a Social Security number, the Board must ascertain the reason that you do not have one. The Board is further obligated to provide your Social Security number to the Director of Taxation, the Probation Division or other agency responsible for child support enforcement and the H.I.P. Data Bank when reporting adverse actions.

You are also being asked to consent, on a voluntary basis, to the use of your Social Security number for the additional reasons stated below.

You are notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Board or licensing agency to which this form is submitted is requesting the voluntary disclosure of your Social Security number. If you give your consent for the use of your Social Security number, it may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies of information obtained in investigations pertaining to licensure or certification and disciplinary proceedings.

I, _____ ,
Applicant's signature

☐ Consent ☐ Do Not Consent

to the use of my Social Security number for any of the additional purposes set forth above. I understand that my consent is voluntary and that if I do not consent, no adverse action or inference will be taken or drawn.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for payment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
(1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice marriage and family therapy" is to be construed to include all of the following:

- The cognitive capacity to exercise reasonable marriage and family therapy judgments and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and professional information to clients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a marriage and family therapist, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

"Chemical substance" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the previous two years.

"Illegal use of controlled dangerous substance" means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.") ☐ Yes ☐ No

If you answered "Yes" to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Do you currently hold, or have you ever held a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

	Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

11. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

12. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Have you ever been named as a defendant in any litigation related to the practice of marriage and family therapy or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

15. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of marriage and family therapy or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 11 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

1. List all of the degrees or certificates you have received from regionally accredited educational institutions. Begin with your most recent degree.

Name and address of college or university	Inclusive years	Degree	Major and minor	Date granted

Note: Official transcripts from all of the colleges or universities you have attended must be requested by the applicant and sent directly to the State Board of Marriage and Family Therapy Examiners by the educational institution(s) granting the qualifying educational credit. The transcripts will become a part of this application.

2. Training or internship in counseling and/or supervised field training:

Agency or organization: _____ Supervisor: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Dates of employment: From _____ to _____
Month Year Month Year

Experience

1. List only the professional experience you have acquired in psychotherapy (including marriage and family therapy) and related fields. At least 20 hours a week of direct consultation with clients constitutes a full-time week.

(a) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary): _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

(b) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary): _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

(c) Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Title of your position: _____ Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary): _____

From _____ to _____
Month Year Month Year

Immediate supervisor's name and title: _____

Clinical References

- 1, Give the name and address of two professionally qualified individuals who know you well, and who are in a position to evaluate your current clinical competence in marriage and family therapy.

(a) Name: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Profession: _____ Jurisdiction that issued the license/certificate: _____

License/certificate number: _____ Date issued: _____ Expiration date: _____
Month Year Month Year

(b) Name: _____

Address: _____
Street address City State ZIP code

Telephone number: _____
(include area code)

Profession: _____ Jurisdiction that issued the license/certificate: _____

License/certificate number: _____ Date issued: _____ Expiration date: _____
Month Year Month Year

Statement of Permission

I agree to allow the State Board of Marriage and Family Therapy Examiners to communicate with any person in connection with this or any subsequent application filed with the Board. I will hold the Board, its members, officers and agents free from any damage or complaint by reason of any action any of them may take in connection with this request.

Applicant's signature

Date

Course Work Distribution List

(This page must be completed by applicants who do not have a master's degree in marriage and family therapy or in social work.)

Pursuant to N.J.A.C. 13:34-4.3(b), an applicant who does not have a master's degree in marriage and family therapy (M.F.T.) or in social work (M.S.W.) must demonstrate to the Board that he or she has completed the following courses as part of his or her studies for a master's degree:

Area	Course title	Hours (Indicate semester or quarter hours)	College/University
No. 1 Theoretical Foundations of Marriage and Family Therapy (a minimum of one graduate-level three-credit course equivalent to three semester hours)	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
	d. _____	_____	_____
No. 2 Assessment and Treatment in Marriage and Family Therapy (a minimum of four graduate-level three-credit courses equivalent to 12 semester hours)	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
	d. _____	_____	_____
No. 3 Human Development and Family Studies (a minimum of two graduate-level three-credit courses equivalent to six semester hours)	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
	d. _____	_____	_____
No. 4 Ethics and Professional Studies (a minimum of one graduate-level three-credit course equivalent to three semester hours)	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
	d. _____	_____	_____
No. 5 Research (a minimum of one graduate-level three-credit course equivalent to three semester hours)	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
	d. _____	_____	_____
No. 6 Supervised Clinical Practice (a minimum of one graduate-level three-credit course equivalent to three semester hours)	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
	d. _____	_____	_____
No. 7 Additional Courses (a minimum of one graduate-level three-credit course equivalent to three semester hours)	a. _____	_____	_____
	b. _____	_____	_____
	c. _____	_____	_____
	d. _____	_____	_____

Total hours _____

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____ } ss.

I, _____, in making this application to the State Board of Marriage and Family Therapy Examiners for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Marriage and Family Therapy Examiners, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:8B-1 et seq., together with the Rules and Regulations of the State Board of Marriage and Family Therapy Examiners, N.J.A.C. 13:34-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Applicant's signature

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here